



51026-01

APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334. Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date 10-22-84	1. Agency Address Third Party Liability Unit Department of Medical Assistance 2 Martin Luther King Jr. Drive, SE West Tower Atlanta, Georgia 30334	Application Number 84-96	
Application Number		Date Received OCT 26 1984	Date Completed NOV 29 1984
2. Person to Contact Bobbie Brewton		Working Title Office Supervisor	Telephone Number 656-4478
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest 83 Latest Present		5. Records Series Title (followed by title used in office; if different) Third Party Liability Case Files	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Third Party Liability unit consists of the Health Insurance, Casualty and Liability and Field Review Units. These sections are responsible for recovery of that portion of Medical Assistance payments made on behalf of Medicaid Recipients having supplementary insurance or any legally liable Third Party Coverage. This is accomplished by maintaining a close relationship with the Department of Family and Children Services, Medicaid Providers and Recipients in order to obtain necessary information to generate post payment billings or notifications to be mailed to insurance carriers and/or attorneys.			
7. Record Series Description Documents relating to: Included are:		This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Maintaining possible third party sources and the subsequent recovery of refunds to the Department. Post Payment billings, source documentary check copies, post payment printouts, closed casualty and liability files, (absent parents, payment to recipients, workmens compensation, tort cases and printouts of possible accident reports).	
File is arranged: ALPHABETICALLY BY PROVIDER NAME, ALPHABETICALLY BY PATIENTS NAME			
8. Monthly Reference Rate One to six months old 100 ; Seven to twelve months old 60 ; Thirteen to twenty-four months old 20 ; twenty-five months and older 0 ?		How often are records referred to which are:	
9. Annual Rate of Accumulation of Records Letter-size drawers 2 ; Legal-size drawers _____ ; Shelves _____ ; Other (specify) _____			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. <i>Confidential Client information act. 45 CFR 205.50</i>
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

a. State Law	<u>3</u> years.	d. Audit period	<u>3</u> years.
b. Statute of limitation	<u>0</u> years.	e. Administrative need	<u>1</u> years.
c. Federal law	<u>3</u> years.	f. Federal retention instructions	<u>3</u> years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

45CFR 205.145 requires that all accounting and fiscal records relating to the expenditure of funds be maintained for 3 years from date of submission of expenditure report or until resolution of audit questions.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal Year; ☐ Other _____ then,

- ☒ Hold in the current files area 12 month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☒ Transfer to State Records Center; hold 3 year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>[Signature]</i>	10/25/84	Alfred L. Davis	10-25-84
State Records Committee (Signature)			
State Auditor/Designee		<i>[Signature]</i>	11-5-84
Secretary of State/Designee		Edward Wilson	11-1-84
Attorney General/Designee		<i>[Signature]</i>	11/24/84

Recommendations in paragraph 12 are approved.
(If disapproved, attach letter of explanation.)